

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09793665	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		1					52					
3		12					53					
4		21					54					
5		12					55					
6		21					56					
7		10					57					
8		1					58					
9		1					59					
10		1					60					
11		10					61					
12		61					62					
13		10					63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
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34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.	12						TOTAL DEP.					
TOTAL CLAIMS	13						TOTAL CLAIMS					